



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Courtney Eckelkamp, D.C.

Respondent Name

Metropolitan Transit Authority Harris County

MFDR Tracking Number

M4-17-1599-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 27, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DR REFERRED TESTING NO PAYMENT RECEIVED"

Amount in Dispute: \$851.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOBs and the reduction rationales stated therein."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 2, 2016	Functional Capacity Evaluation (97750-FC)	\$851.04	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.225 sets out the fee guidelines for functional capacity evaluations performed on or after September 1, 2016.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.

- Comments: “150 – Documentation submitted does not support the level of services required for an FCE. Per DWC rule 134.204 (g): FCE’s shall also include the following elements: (3). Functional abilities tests, which include the following: (C) Submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; The report submitted does not support the above mentioned requirements were met. Documentation supports Bench Step was performed for the cardiovascular endurance test.

Issues

Is Metropolitan Transit Authority Harris County’s reason for denial of payment supported?

Findings

Courtney Eckelkamp, D.C. is seeking reimbursement of \$851.04 for a functional capacity evaluation performed on November 2, 2016. Metropolitan Transit Authority Harris County (Metropolitan Transit Authority) denied this service with claim adjustment reason code 150 – “Payment adjusted because the payer deems the information submitted does not support this level of service.” Metropolitan Transit Authority supported the denial in an additional comment, stating that

Documentation submitted does not support the level of services required for an FCE. Per DWC rule 134.204 (g): FCE’s shall also include the following elements: (3). Functional abilities tests, which include the following:

(3). Functional abilities tests, which include the following:

(C) Submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill;

The report submitted does not support the above mentioned requirements were met.

Documentation supports Bench Step was performed for the cardiovascular endurance test.

Documentation requirements for a functional capacity evaluation performed on or after September 1, 2016 are found in 28 Texas Administrative Code §134.225, which states that FCEs shall include ...

(3) Functional abilities tests, which include the following:

(A) activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, squatting, carrying, and climbing);

(B) hand function tests that measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;

(C) **submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill** [emphasis added]; and

(D) static positional tolerance (observational determination of tolerance for sitting or standing).

Review of the submitted documentation does not support that a submaximal cardiovascular endurance test measuring aerobic capacity using a stationary bicycle or treadmill was performed. The division concludes that Metropolitan Transit Authority’s denial of payment for the disputed services is supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	Laurie Garnes	March 31, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.